

<i>Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4814).</i>		<i>Complete If Known</i>	
FEET TRANSMITTAL For FY 2005		Application Number	10/037,987
		Filing Date	January 4, 2002
		First Named Inventor	Murali Rajagopalan
		Examiner Name	David J. Buttner
		Art Unit	1712
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	

METHOD OF PAYMENT

Deposit Account	Deposit Account Number	502309	Deposit Account Name:	Acushnet Company
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments	

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200
<u>Total Claims</u>	<u>Paid TC</u>
	= <u>0</u> x <u>50</u> = <u>0</u>
Paid TC = the greater of 20 or highest number of total claims paid for	
<u>Independent Claims</u>	<u>Paid IC</u>
	= <u>0</u> x <u>200</u> = <u>0</u>
Paid IC = the greater of 3 or highest number of independent claims paid for	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

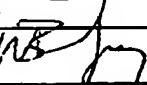
Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =		x 250	=

4. OTHER FEES

Extension for response within first month \$120

Other:

SUBMITTED BY

Signature		Registration No.: 48,619	Telephone: (508) 979-3540
Name	William B. Lacy	Date: March 8, 2005	